

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **107 581553**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6	1					
7	1					
8		2				
9						
10						
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	7	↙		↙		↙
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						